

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559737

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		2				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13	1		1			
14		1				
15		1				
16		3				
17		3				
18		3				
19		3				
20		3				
21		3				
22		3				
23	1		1			
24		1				
25		2				
26		3				
27		3				
28		3				
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49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	25	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						